

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Yuma
District of San Carlos
Town of _____
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Adela Deury
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 2 25 26
Month Day Year

8. FATHER
Full name Ned Deury
9. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz
10. Color or race 4/4 Indian
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz
13. Occupation Common Laborer
Nature of Industry _____

14. MOTHER
Full maiden name Nellie Watson
15. Residence (Usual place of abode) San Carlos
If non-resident, give place and state. Ariz
16. Color or race 4/4 Indian
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) San Carlos
(State or country) Ariz
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature R. H. Sawyer M.D.
(Physician or midwife)

Address San Carlos Ariz

Given name added from a supplemental report

Month, day, year

Filed _____, 19____

R. H. Sawyer
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

148-225-565